



Miami-Dade County
Office of Strategic Business Management
Ryan White Title I Program
Monitoring Instrument
(Review of Fiscal, Program and Administrative Operations)

Date: _____

SECTION I: SERVICE PROVIDER INFORMATION

Agency name	
Executive Director	Phone:
Ryan White Title I Agency Contact Person	Phone:
Staff consulted during monitoring visit	
Name	Title

SECTION II: CONTRACT INFORMATION

Contract period covered by monitoring visit(s)		
Title I Service Program (monitored during this visit)	Title I Contract Amount	Contract Type (Continuation and/or New contract)

Miami-Dade County
Assigned Contracts Officer: _____

SECTION III: LOGISTICS OF MONITORING VISIT

Date(s) of monitoring visit: _____ Time: _____ - _____
_____ Time: _____ - _____

Miami-Dade County Monitors	
Name	Title

Sites visited (specify address for each site):

Site #1	Site #2
Date: _____ Time: _____	Date: _____ Time: _____

Site #3	Site #4
Date: _____ Time: _____	Date: _____ Time: _____

SECTION IV: REVIEW OF SERVICE PROVIDER'S BILLING PRACTICES

The service provider's compliance with Title I billing requirements are evaluated. "Yes" indicates that the provider is in compliance with the requirements of the Title I contract. "No" indicates non-compliance and related findings are described in the next page. "N/A" indicates that the requirement is not applicable to the service provider.

Ryan White Title I Billing Requirements	Yes	No	N/A
1) Services billed to Ryan White Title I are consistent with the service provider's contracted Scope of Services for the contract period being monitored.			
2) The service provider maintains proper supporting documentation for all units billed.			
3) Ryan White Title I is always used as payer of last resort.			
4) Ryan White Title I is not billed for units of service also billed to another funding source.			
5) Provider is eligible and authorized to bill Medicaid.			
6) Billings to Title I exclude Medicaid-covered services if the client is determined to be eligible for Medicaid assistance.			
7) Provider pursues retroactive Medicaid reimbursement.			
8) Provider properly documents Medicaid retroactive billing in the client's record.			
9) Provider has established internal billing control systems to ensure that services retroactively covered by Medicaid are not also billed to the Ryan White Title I program.			

Comments/Findings Review of Service Provider's Billing Practices
Requirement #1 (Services are consistent with contracted scope of service)
Requirement #2 (Units billed are properly documented)
Requirement #3 (Title I is used as payer of last resort)
Requirement #4 (Provider does not duplicate billing across funding sources)
Requirement #5 (Provider is eligible and authorized to bill Medicaid)
Requirement #6 (Billing to Title I excludes Medicaid covered services)
Requirement #7 (Provider pursues retroactive Medicaid reimbursement)
Requirement #8 (Provider properly documents Medicaid retroactive billing in the client's record)

[illegible]

Billing Audit (Client Record Review)

(Verification of Documentation of Service Units Billed to Ryan White Title I)

Service Category:

CIS #	Agency Assigned Client ID#	Date of Service	# of Units Billed	# of Units Documented in client record	Variance (indicate # of units and dollar value)	Comment/Finding

Duplicate page as necessary

Summary of Billing Audit

(Verification of Documentation of Service Units Billed to Ryan White Title I)

Billing period during monitoring visit:

Ryan White Title I Service Category	Number of Service Units Billed	Number of Service Units Reviewed	Percentage of Total Units Billed to Ryan White Title I	Number of Questionable Units <i>(Supporting documentation not found in client record)</i>	Total Dollar Value of Questionable Units	Percentage of Total Number of Service Units Reviewed

Additional Comments:

SECTION V: REVIEW OF DOCUMENTATION OF CLIENT ELIGIBILITY FOR RYAN WHITE TITLE I FUNDED SERVICES

Client records are reviewed to ascertain the service provider's compliance with Ryan White Title I client eligibility requirements. "Yes" indicates that the provider is in compliance with the requirements of the Title I contract. "No" indicates non-compliance and related findings are described below.

Number of client records reviewed: _____ (_____% of total clients served under the Title I contract).

(Complete a separate page for each client record reviewed.)

CIS #	Agency Assigned Client ID#	Requirement	Yes	No	Type of Documentation Found
		1) Verification of HIV+ Status			
		2) Verification of income			
		3) Verification of Miami-Dade County Residency			
		4) Documentation of required referral/certified referral(s) (if applicable)			
		5) Progress notes current, legible, signed and dated			
		6) Documentation of ineligibility for other funding sources			
		7) Other required documentation on file (varies for each service category) specify: _____ _____			

Comments/Findings: _____

(Complete a separate page for each client record reviewed.)

CIS #	Agency Assigned Client ID#	Requirement	Yes	No	Type of Documentation Found
		1) Verification of HIV+ Status			
		2) Verification of income			
		3) Verification of Miami-Dade County Residency			
		4) Documentation of required referral/certified referral(s) (if applicable)			
		5) Progress notes current, legible, signed and dated			
		6) Documentation of ineligibility for other funding sources			
		7) Other required documentation on file (varies for each service category) specify: _____ _____ _____			

Comments/Findings: _____

Duplicate page as necessary

SECTION VI: REVIEW OF SERVICE PROVIDER'S OPERATING POLICIES

A review of the service provider's policies is conducted to ensure that proper operating procedures are in place.

Area of Evaluation	Yes	No	N/A
1) Does the service provider have a written Personnel Policy?			
2) Does the service provider have written Accounting Policies and Procedures?			
3) Does the service provider have a written Drug-Free Workplace Policy?			
4) Does the service provider have a written Equal Employment Opportunity Policy?			
5) Does the service provider have a written Sexual & Unlawful Harassment Policy?			
6) Does the service provider have a written Code of Ethics?			
7) Does the service provider have a written policy regarding Nepotism?			
8) Does the Service Provider have written procedures to protect client confidentiality?			
9) Does the Service provider have written policies and procedures in compliance with HIPAA rules and regulations?			
10) Does the service provider have clear policies addressing access to public records?			
11) Does the service provider have written emergency plans/procedures?			
12) Does the service provider have a written Grievance Policy/Procedures?			

SECTION VII: REVIEW OF CLIENT PARTICIPATION IN THE SERVICE PROVIDER'S OPERATIONS

A review is conducted of the service provider's efforts to involve the populations served in the operations of the agency and in the decisions made regarding service delivery.

Area of Evaluation		Yes	No	N/A
1)	Does the service provider perform any internal needs assessment activities?			
2)	Does the service provider have a mechanism in place to monitor and respond to clients' level of satisfaction with services provided by the organization (i.e., client satisfaction survey, comment cards, etc.)?			
3)	Does the service provider have procedures to involve the consumer in the decision-making process (i.e., consumer representatives in the Board of Directors, Consumer Advisory Board, Consumer Evaluation Survey, etc.)?			

If the answer to the any of the questions above is "Yes", please provide under the comments sections specific information on how and what type of activity is conducted.

[illegible]

SECTION VIII: REVIEW OF SERVICE PROVIDER'S PERSONNEL POLICIES AND PROCEDURES

A review of the service provider's capabilities to manage human resources and compliance with its own personnel policies and procedures is conducted as part of this monitoring visit. This review also ascertains the service provider's documentation of required employee testing, qualifications, licenses, and training.

Area of Evaluation	Yes	No	N/A
1) Are the personnel policies and procedures established by the service provider enforced and followed?			
2) Does the service provider have established job qualifications?			
3) Is the service provider in compliance with Title I qualification requirements for direct service personnel (where applicable)?			
4) Are employee records securely stored (locked files)?			
5) Are Equal Employment Opportunity, Workman's Compensation, Family Leave Act, and other mandated or relevant information conspicuously displayed by the service provider?			
6) Does the service provider have problems with staff turn over? If yes, explain how the service provider has addressed this issue. _____			
7) Are the following documents maintained in personnel records:			
<ul style="list-style-type: none"> Signed job applications or subcontracts detailing the scope of services to be provided maintain in personnel records 			
<ul style="list-style-type: none"> Proof of education (copies of degrees and/or transcripts) 			

SECTION IX: REVIEW OF SERVICE PROVIDER'S FISCAL CAPABILITIES

A review of the service provider's fiscal practices is conducted to ascertain compliance with applicable OMB Circulars, approved budget(s), and internal policies and procedures.

GENERAL

Area of Evaluation	Yes	No	N/A
1) Are internal policies and procedures, as listed in the agency's Accounting Policies and Procedures Manual, consistently followed?			
2) Is the distribution of fiscal duties adequate to safeguard the agency's assets (i.e., are there separate staff members responsible for approving the expense, recording the expense, cutting the check for payment, mailing the payment, etc.)?			
3) Does the chart of accounts support proper allocation of revenue or expense by program (funding source)?			
4) Does the chart of accounts have an unallowable cost code to properly identify unallowable costs?			
5) Does the agency have a cost allocation methodology in writing and is it representative of the allocation used?			
6) Does the agency charge the appropriate indirect costs to each program (funding source) in relation to the size of the funded program?			

BANK

1) Are bank statements reconciled monthly?			
2) Are bank reconciliations signed by the preparer and his/her immediate supervisor?			
3) Are adjustments properly documented and explained?			
4) Do bank statements reflect a positive balance at the end of the month?			

BANK (CONTINUED)

Area of Evaluation	Yes	No	N/A
5) Do bank statements reflect returned checks due to insufficient funds?			
6) Do checks require two (2) signatures?			
7) Are checks marked "Void after 90 days"?			

BUDGET

Area of Evaluation	Yes	No	N/A
1) Does the agency maintain an agency-wide budget by funding source and expenditure category (i.e., cost allocation plan for all funding received showing all expenditure line items)?			
2) Does the agency track expenditures versus budgeted amounts on a monthly basis?			
3) Do documented expenditures follow the most current budget approved by Title I?			
4) If no, can the agency explain variances or is there a plan of action to reallocate resources?			

ACCOUNTS PAYABLE

Area of Evaluation	Yes	No	N/A
1) Are payments to vendors generated by an original invoice?			
2) Is payment to a vendor approved by authorized staff/management?			
3) Are invoices effectively cancelled to avoid duplicate payments (i.e., marked "Paid")?			
4) Do check and invoice amounts agree?			
5) Are invoices paid in a timely manner (i.e., within 30 days)?			

ACCOUNTS PAYABLE (CONTINUED)

Area of Evaluation	Yes	No	N/A
6) Is agency paying sales taxes unnecessarily (applies to tax-exempt agencies only)?			
7) If yes to #6, is agency filing for sales tax refunds from the State Department of Revenue?			

PETTY CASH

Area of Evaluation	Yes	No	N/A
1) Does the agency use a petty cash fund for any program expenses?			
2) If yes to #1, is the petty cash fund balanced at the time of this monitoring visit?			
3) Is petty cash used <u>only</u> for small purchases (less than \$15)?			
4) Does the agency have a policy to perform "unanticipated" checks on the fund?			
5) Is there documentation that such a policy is implemented?			
6) Is the petty cash fund replenished only by check?			
7) Are the petty cash funds securely stored?			
8) Are the expenses authorized and signed by person other than the custodian of the funds or person receiving money?			
9) Is documentation available to support expenditures of the petty cash funds?			

Comments/Findings: _____

SECTION X: REVIEW OF SERVICE PROVIDER'S PAYROLL RECORDS

A review of the service provider's payroll records is conducted to ascertain if appropriate documentation of payroll costs is maintained and to confirm that these agree with costs approved by the County under the service provider's Ryan White Title I contract(s).

Area of Evaluation	Yes	No	N/A
1) Are staff work hours documented through a time sheet or sign in/out log? If yes, specify:_____			
2) Are time records signed by both the employee and the supervisor?			
3) Do payroll journals include staff name, title, salary, hours worked, payroll period, and deductions?			
4) Do payroll journals reflect employee's time allocation among programs (i.e., Title I, Title II, Medicaid Waiver, etc.)?			

Employee Records Selected for Review

[Select a sample of employee records for review and confirm that positions, salaries and fringe benefits match the budget approved by the County under the service provider's Ryan White Title I contract(s)].

Employee Name	Employee Title	Title I Service Program (Service Category)	Yes, Salary and Fringe Benefits Agree with Approved Budget	No, Salary and Fringe Benefits do not Agree with Approved Budget	If no, Indicate Salary and Fringe Benefits Found in Employee Record

SECTION XI: REVIEW OF SERVICE PROVIDER'S PAYROLL TAX RECORDS AND PAYMENT OF FRINGE BENEFITS

A review of the service provider's payroll tax records is conducted to ensure that the agency is calculating and remitting all payroll taxes, including unemployment compensation, to the appropriate authorities in a timely manner.

Area of Evaluation (Payroll Tax Records)	Yes	No	N/A
1) Are withholding and FICA taxes deposited in a timely manner and in accordance with payroll register data?			
2) Is the quarterly IRS Form #941 properly completed, submitted, and paid on time (must be documented in bank statements)?			
3) Is the yearly IRS Form #990 properly completed, submitted and paid on time (must be documented in bank statements)?			
4) Are unemployment compensations made on time and accurately (must be documented in bank statements)?			
5) Have penalties or interest payments been charged to the service provider due to late tax or insurance payments?			
6) Are IRS W-2 Forms distributed in a timely manner to current and prior employees?			
7) Are IRS I-90 forms distributed in a timely manner to all contracted employees?			
8) Is the Social Security filing done in a timely manner?			

Comments: _____

PAYMENT OF FRINGE BENEFITS

Area of Evaluation		Yes	No	N/A
1)	Are payments to the health insurance provider made in a timely manner?			
2)	Are payments to the life insurance provider made in a timely manner?			
3)	If the provider offers a 401K Plan, are employee contributions and employer match deposited/submitted in a timely manner?			

Comments/Findings: _____

[illegible]

SECTION XII: REVIEW OF SERVICE PROVIDER'S PROTECTION OF RECORDS

A review of the service provider's policies and procedures pertaining to the maintenance and protection of records is conducted to ensure that the agency is complying with federal, state, and local regulations.

Area of Evaluation	Yes	No	N/A
1) Does the agency have a policy to maintain and store documentation as required by law?			
2) Does the agency have policies to safeguard client confidentiality?			
3) Are employees required to sign a confidentiality statement at the time of hiring?			
4) Does the agency have a policy in place for the protection of identifiable health information as required by HIPPA rules and regulations?			
5) Are hard copy files kept under lock and key?			
6) Is access to records restricted only to appropriate staff?			
7) Does the agency have protocols to protect computer based documents and records (i.e., backup unto a medium that is stored in a fire-resistant safe)?			
8) Are computerized records password protected?			

Comments/Findings: _____

SECTION XIII: REVIEW OF SERVICE PROVIDER'S PROTECTION OF PROPERTY

A review of the service provider's policies and procedures pertaining to the maintenance and protection of property (fixed assets) is conducted to ensure that the agency is complying with federal, state, and local regulations.

Area of Evaluation		Yes	No	N/A
1) Does the fixed asset register (inventory log) include the following information:				
	• Item description			
	• Acquisition date			
	• Disposal date			
	• Funding Source			
	• Condition			
	• Location			
	• Asset tag number			
2)	Is a physical inventory taken and recorded on an annual basis?			
3)	Are property records reconciled to the General Ledger at least once annually?			
4)	Are fixed assets being used in accordance with funding intent?			
5)	Has full payment been made for fixed assets paid for by Title I, and are assets free from liens?			
6)	Has the agency obtained prior approval from the County to dispose of any fixed asset purchased with Title I funds (assets with dollar value greater than or equal to \$750)?			
7)	Were fixed assets purchased within the contract period in which they were approved/funded?			

Comments/Findings: _____

SECTION XIV: REVIEW OF SERVICE PROVIDER'S SUBCONTRACTS

A review of the service provider's subcontracting policies is conducted to ensure that work performed by subcontractors meet the rules and specification of the program and is in compliance with Title I requirements. This review also ensures that the agency is making payments to subcontractors in a manner that is properly documented and supported by executed subcontracts with the approval of the County.

Area of Evaluation		Yes	No	N/A
1)	Was the subcontract submitted to the County for approval prior to execution?			
2)	Did authorized individuals from the agency and the subcontractor sign the contract?			
3)	Does the subcontract include specific details regarding the scope of work and the method of payment?			
4)	Is the subcontract conditioned to annual renewal?			
5)	Are subcontractors required to carry liability insurance?			
6)	Does the subcontract include language to allow the termination of the same before its expiration (i.e., termination due to lack of performance or due to lack of funding)?			
7)	Does the subcontract include language requiring the subcontractor to comply with all applicable policies, procedures, and requirements of the Ryan White Title I program as they appear in the agency's prime contract with the County?			
8)	Are subcontractors paid by the organization in a timely manner (within 30-45 days of receipt of a complete and accurate invoice)?			

Comments/Findings _____

SECTION XV: REVIEW OF SERVICE PROVIDER'S LICENSES AND ACCREDITATION

A review of the service provider's licenses and accreditations is conducted to ensure that the agency meets the needs of the program and complies with local, state, and federal statutes.

Area of Evaluation	Yes	No	N/A
1) Are occupational licenses current and appropriate for the use of the facility?			
2) Do inspection reports show any areas of concern or non-compliance?			
3) If yes, has the agency taken steps to correct address these concerns?			
4) If the service(s) offered require special operational licenses, are they current and appropriate?			
5) Are professional licenses for Title I funded staff current and appropriate for the services provided by the organization (as applicable)?			
Required Licenses:			
Expiration Date			
Expiration Date			
Expiration Date			
Expiration Date			
Expiration Date			

SECTION XVI: REVIEW OF SERVICE PROVIDER'S INSURANCE COVERAGE

A review of the service provider's insurance records is conducted to ensure that the agency is free of risk exposure and that its insurance coverage complies with local, state, and federal statutes.

Area of Evaluation	Yes	No	N/A
Does the agency have the following type of insurance coverage in place?			
<ul style="list-style-type: none"> General Liability Expiration Date:_____Amount:_____ 			
<ul style="list-style-type: none"> Property Expiration Date:_____Amount:_____ 			
<ul style="list-style-type: none"> Worker's Compensation Expiration Date:_____Amount:_____ 			
<ul style="list-style-type: none"> Automobile Liability Expiration Date:_____Amount:_____ 			
<ul style="list-style-type: none"> Bond Insurance Expiration Date:_____Amount:_____ 			

Comments/Findings_____

SECTION XVII: SUMMARY OF FINDINGS

Review of Service Provider's Billing Practices

Finding # :

Finding # :

Finding # :

Review of Documentation of Client Eligibility for Ryan White Title I Funded Services

Finding # :

Finding # :

**Review of Service Provider's
Operating Policies**

Finding # :

Finding # :

Finding # :

**Review of Client Participation in the
Service Provider's Operations**

Finding # :

Finding # :

Finding # :

**Review of Service Provider's
Personnel Policies and Procedures**

Finding # :

Finding # :

Finding # :

**Review of Service Provider's
Fiscal Capabilities**

Finding # :

Finding # :

Finding # :

**Review of Service Provider's
Payroll Records**

Finding # :

Finding # :

Finding # :

**Review of Service Provider's
Payroll Tax Records and Payment of Fringe Benefits**

Finding # :

Finding # :

Finding # :

**Review of Service Provider's
Protection of Records**

Finding # :

Finding # :

Finding # :

**Review of Service Provider's
Protection of Property**

Finding # :

Finding # :

Finding # :

Review of Service Provider's Subcontracts

Finding # :

Finding # :

Finding # :

Review of Service Provider's Licenses and Accreditations

Finding # :

Finding # :

Finding # :

**Review of Service Provider's
Insurance Coverage**

Finding # :

Finding # :

Finding # :

Other Comments

Finding # :

Finding # :

Finding # :

SECTION XVI: RECOMMENDED CORRECTIVE ACTIONS

Recommendation # (Corresponds to Section # , Finding #):

Recommendation # (Corresponds to Section # , Finding #):

Recommendation # (Corresponds to Section # , Finding #):

Recommendation# (Corresponds to Section # , Finding #):

Duplicate page as necessary